

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>FOR USE WITH FORM PTO-875</small>							SERIAL NO. <b>09/831241</b>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3							53				
4		2					54				
5		1					55				
6		1					56				
7	1						57				
8	1						58				
9	1						59				
10							60				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	5						TOTAL DEP.				
TOTAL CLAIMS	9						TOTAL CLAIMS				

TO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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